

MARGIN RESERVED FOR BINDING

WRITE IN INK WITH UNFADING INK—THIS IS A PERMANENT RECORD
N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each in order of birth stated.

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

State File No. 3611
Registered No. 3611

1. PLACE OF BIRTH

County Apache State Ariz
District or Township St Johns or Village St Johns
City _____ No. _____ St. _____ Ward _____

2. Full name of child Eldred Delbert Rogers (If birth occurred in a hospital or institution, give its NAME instead of street and number)
(If child is not yet named, make supplemental report, as directed.)

3. Sex of Child on To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. Legitimate? Yes 6. Date of birth May 15 1927
Month Day Year

8. FATHER
Full name J Delbert Rogers
9. Residence (Usual place of abode) St Johns Ariz
If non-resident, give place and state.
10. Color or race W 11. Age at last birthday 31 (Years)

14. MOTHER
Full maiden name Ida Swanson
15. Residence (Usual place of abode) St Johns Ariz
If non-resident, give place and state.
16. Color or race W 17. Age at last birthday 20 (Years)

12. Birthplace (city or place) Snowflake
(State or country) Ariz
13. Occupation Laborer
Nature of industry Genl

18. Birthplace (city or place) St Johns
(State or country) Ariz
19. Occupation Housewife
Nature of industry

20. Number of children of this mother 1 (a) Born alive and now living 1
(Taken as of time of birth of child herein certified and including this child.) (b) Born alive but now dead 0
(c) Stillborn 0 21. Were precautions taken against ophthalmia neonatorum? Yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

I hereby certify that I attended the birth of this child, who was born alive at 726 m. on the date above stated

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature J. J. Pauline
(Physician or midwife)

Given name added from a supplemental report _____

Address St Johns Ariz
Filed 6/10 27 Registrar Martin Jensen

Month, day, year
592-515-965
Registrar